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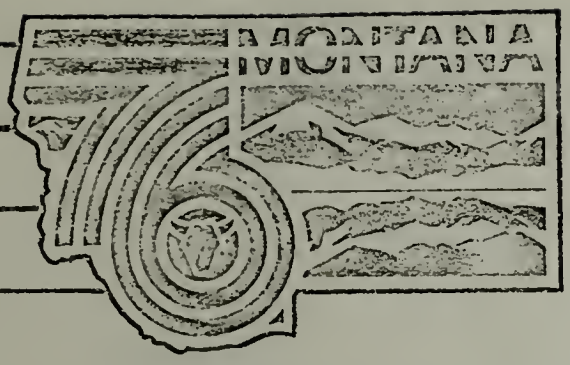

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A MANAGEMENT PLAN FOR DELIVERY OF COMMUNITY-BASED SERVICES TO INSTITUTIONALIZED DEVELOPMENTALLY DISABLED CITIZENS

Thomas L. Judge, Governor
Michael G. Billings, Director

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A MANAGEMENT PLAN FOR DELIVERY OF COMMUNITY-BASED SERVICES TO INSTITUTIONALIZED DEVELOPMENTALLY DISABLED CITIZENS

February 3, 1976

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PROPOSED MANAGEMENT PLAN

Introduction

The purpose of the developmental disabilities program in Montana is to provide to the developmentally disabled citizens of this state the services necessary to allow them to live as normal a life as possible in the least restrictive environment.

To that end, at the request of Governor Thomas L. Judge the Forty-fourth Legislature provided the funds and the mandate to deal with these fundamental goals:

1) to prevent the inappropriate institutionalization of developmentally disabled persons;
2) to transfer those developmentally disabled citizens who are inappropriate institutional residents from institutional to less restrictive community settings;
3) to improve the quality of services for appropriate institutional residents to the highest possible level.

It has recently become evident that efforts aimed at attaining the second goal -- that of deinstitutionalization have encountered serious difficulties. The Office of Budget and Program Planning, after examining the situation at some length, believes that two steps must be taken to move the program back on track: first, the adoption of a short-term management plan dealing with those objectives and activities critical to achieving the deinstitutionalization goal during the current biennium; and secondly, the development of a long-range plan dealing with the entire developmental disabilities program over the next several years. The latter task can be completed as part of the Executive Planning Process; the former is the subject of this document.

A task team consisting of Pat Melby, Gus Hamerlynck, Karen Hedblom and Sam Hubbard of the Office of Budget and Program Planning devised the following management plan and recommendations for its implementation. Assistance was provided by representatives of the Developmental Disabilities and Social Services Bureaus of the Department of Social and Rehabilitation Services, Boulder River School and Hospital of the Department of Institutions, and representatives of the regional councils.

The plan is an effort to point out and offer solutions to the deficiencies and weaknesses perceived by the Office of Budget and Program Planning task team in the Developmental Disabilities program in the state of Montana. As such, it consists of statements of four basic objectives, the activities necessary to achieve each objective, necessary background information, and recommendations considered essential to the effective implementation of the plan. It is based on the assumption that, all things being equal, less restrictive community placements are inherently preferrable to institutional placements.

It is sincerely hoped that this effort will contribute to the overall improvement in the manner in which these important services are provided to Montana citizens.

Objective No. 1:

To prepare and refer, individual developmentally disabled persons for release from the Boulder River School and Hospital and Galen State Hospital, for entry into community programs at a rate that will coincide with the development of appropriate residential facilities for the developmentally disabled.

Activities to Achieve Objective:

Before the referral of a developmentally disabled person can be made to a community-based program, the following activities must occur:

		Responsibility
~~1)~~	~~Invite responsible person to attend Habilitation Planning Committee (HPC) meeting~~	BRSH
2)	HPC meeting held; decision made regarding community ~~entry~~ with all relevant persons being invited	HPC(BRSH)
~~3)~~	~~Set target date for release if HPC recommends community entry~~ referral	~~BRSH~~
4)	Inform responsible person of proposed referral if such person did not participate on HPC if one has appointed	BRSH
5)	Approval of responsible person obtained	BRSH
6)	Referral made	BRSH

Attachment A contains tables that show the total number of residential placements by type for BRSH residents who have already been referred for placement or who are projected for referral through June 1976.

Background Information:

By law (Section 38-1222, RCM, 1947) it is the responsibility of the state to develop individualized habilitation plans for developmentally disabled persons who are institutionalized. Each habilitation plan must define criteria for release to less restrictive settings for habilitation, criteria for discharge, and projected date for discharge. A habilitation plan is defined as the "process by which a person who is developmentally disabled is assisted to acquire and maintain those life skills which enable him to cope more effectively with the demands of his own person and environment and to raise the level of his physical, mental and social efficiency."

To date, most persons who have left the institution have not had habilitation plans prepared prior to their release. By law, habilitation plans for all institutionalized residents must be completed by July 1, 1976.

Objective No. 2:

To develop a minimum of 156 residential placement opportunities by the end of the biennium for developmentally disabled persons who are currently institutionalized.

Activities to Achieve Objective:

		Responsibility	
		Present	Proposed
1)	Group home and community home development:		
	– organize group and communith home organizations	DDB	DDB*
	– write and submit contract proposals	DDB	DDB
	– evaluate proposal, approve/disapprove, disburse funds	DDB	DDB
	– secure licensing	SSB	DDB
	– recruit house parents	SSB	DDB
	– provide pre-placement training to house parents	SSB	DDB
2)	Foster and Natural Home Development:		
	– recruit foster homes	SSB	DDB
	– initiate contact with natural homes	BRSH	BRSH
	– conduct licensing study for each home	SSB	DDB
	– coordinate with BRSH in conducting pre-placement review of client(s)	SSB	DDB
	– process referrals	SSB	DDB
	– provide pre-placement training to residents and parents	BRSH/SSB	BRSH/DDB
3)	Intermediate Care Facility Development:		
	– coordinate with DHES on licensing and certification requirements	ND**	DDB
	– site development	ND	DDB
	– survey availability of ancillary services	ND	DDB
	– develop facilities	ND	DDB
	– hire and train staff	ND	DDB
	– pre-placement activities	ND	DDB/BRSH
4)	Nursing Homes (skilled):		
	– inventory SCF beds with DHES, SRS medical services unit	SSB	DDB
	– coordinate with BRSH on pre-placement reviews of individual cases	SSB	DDB
	– survey SCH communities for availability of supportive services	SSB	DDB
5)	Semi-independent and Independent Living:		
	– assess group home resident's ability to move to independent setting	SSB/Grp Home/ Co.S.W.	DDB/Grp Home Parent/Co.S.W.
	– locate suitable environment, including living arrangements, support services, etc.	ND	DDB
	– notify BRSH of new group home openings	ND	DDB/Co.S.W.

* If Recommendation No. 1 is implemented than DDB should be read as Developmental Disabilities Project throughout this document.

** Not Determined.

PROJECTED DEVELOPMENT OF PLACEMENT OPPORTUNITIES

In Order of Priority

(Remainder of Biennium)

Type of Placement	(1976) Qtr. 3	Qrt. 4	(1977) Qrt. 1	Qrt. 2	Qrt. 3	Qrt. 4	Total
(1) Group Homes	46	25	–	–	–	–	71
(2) Foster Homes	–	–	10	10	15	–	35
(3) Natural Homes	–	–	3	3	4	–	10
(4) Intermediate Care Facilities	–	–	–	10	–	–	10
(5) Skilled Nursing	–	–	3	4	3	–	10
(6) Community Homes* (for children)	–	–	4	3	3	–	10
(7) Semi-independent or Independent Living Arrangements	–	–	10	–	–	–	10
TOTALS	46	25	30	30	25	–	156

* The Office of the Superintendent of Public Instruction will be asked to assist in a joint cooperative effort to develop such homes.

Background Information:

The original deinstitutionalization plan called for reducing the population of the Boulder River School and Hospital to 252 persons. It was further decided during the 1975 legislative session that 40 Galen residents should also be placed in community programs. As of January 1, 1976, 121 persons from the BRSH and one from Galen had been placed in community programs. In order to reach the above institutional goals then, 117 additional persons must be placed from BRSH and 39 from Galen during the remainder of the biennium for a total of 156 placements.

As indicated in the above table, group home development should receive primary emphasis during the remainder of the current fiscal year; the other types of placements should receive priority attention during FY 1977.

Objective No. 3:

To place developmentally disabled persons currently residing in the institutions in residential facilities within 45 days after the residential placement opportunity becomes available.

Activities to Achieve Objective:	Responsibility	
	Present	Proposed
1) Referral for developmentally disabled person received	SSB	DDB
2) Check residential facility for available opening	SSB	DDB
3) If foster home placement then prepare licensing study	SSB	DDB
4) Make visit to BRSH to meet client and talk to social worker	SSB	DDB
5) Do pre-placement report - send to BRSH	SSB	BRSH
6) Upon receipt of pre-placement report, initiate change in financial assistance	BRSH	BRSH
7) Obtain screening committee approval if group home placement	SSB	DDB
8) Arrange for necessary community day programs	SSB	DDB
9) Process necessary paper work	SSB	DDB
10) Form habilitation team for client	SSB	DDB
11) Transport person to placement	BRSH	BRSH

Background Information:

The number of developmentally disabled persons who should be placed each quarter of the remaining biennium will coincide with the number of placement opportunities that are projected under Objective No. 2. However, since a 45 day lag time should be allowed for placement to occur once the residential opportunity becomes available, some overlap in placement may be expected to occur between quarters as a result of placement opportunities that may be developed close to the end of any quarter.

During the remainder of the current fiscal year developmentally disabled persons who require group home living arrangements should be placed first.

Objective No. 4:

To maintain developmentally disabled persons in the least restrictive community settings by providing quality programs which will effectively prevent the return of developmentally disabled persons to an institutional setting.

Activities to Achieve Objective:

A maintenance plan must be developed which encompasses the following elements:	Responsibility	
	Present	Proposed
1) introductory and follow-up training for house parents, foster and natural home parents, etc.	DDB	DDB
2) development of community care and treatment standards	ND*	DDB

		Responsibility	
		Present	Proposed
3)	development and implementation of client life safety and health support standards	ND	DDB
4)	provision of ancillary services (e.g., occupational and recreational therapy, habilitation training)	SSB	DDB
5)	development of case management system (with standards and procedures)	SSB	SSB/DDB
6)	development of an operations review capability to accomplish client evaluation, program auditing, and contract monitoring	ND	DDB
7)	follow along services	SSB	SSB

* Not determined.

Preliminary planning for DD client and program maintenance is currently being carried out; the effort needs to be accelerated and wholly located in the Developmental Disabilities Bureau.

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ATTACHMENT A

A) The following table shows the number of Boulder River residents who have been referred for community placement by BRSH by type of residential placement required:

Group Homes	23
Foster Homes	10
GH/Foster Homes	6
Nursing Homes	0
GH/Nursing Homes	4
FH/Natural Homes	1
GH/Natural Homes	1
	45

B) The following table shows the number of Boulder River residents who are projected for referral by BRSH by type of residential placement required for the remaining quarters of the current fiscal year:

	Qtr. 3	(1976) Qtr. 4	Total
Group Homes	31	35	66
Foster Homes	5	11	16
GH/FH	5	3	8
Nursing Homes	1	0	1
GH/Nursing Homes	1	0	1
	43	49	92

C) The following table shows the total type of residential placements required for BRSH residents who have already been referred for placement (as in Table A) or who are projected for referral (as in Table B) through June 1976:

Group Homes	89
Foster Homes	26
GH/Foster Homes	14
Nursing Homes	1
GH/Nursing Homes	5
FH/Natural Homes	1
GH/Natural Homes	1
	137

RECOMMENDATIONS

In order to ensure the attainment of the above four objectives the following recommendations should be implemented as soon as possible.

Recommendation 1:

The community-based services program for the developmentally disabled should be given special project status within the Department of Social and Rehabilitation Services. The Developmental Disabilities Project should be administered by a director with responsibility and authority over nearly all functions in the Department related to developmental disabilities.

Comment: Because of the importance of the community-based services program for the developmentally disabled and because of the need to insure its success, the program should, temporarily at least, be given a special project status within state government. All DD functions of the Department of Social and Rehabilitation Services, which are now administered by various organizational units of that Department, should be transferred to the special project. The project should be administered by a director who reports directly to the Director of the Department and who has full responsibility and authority to administer the departmental functions relating to the DD community-based services program.

Recommendation 2:

Effective immediately, all of the placement functions should be the responsibility of the Developmental Disabilities Project.

The Developmental Disabilities Project should assume immediate responsibility for making all community placements for developmentally disabled persons.

A more specific plan regarding the placement function should be written by the Developmental Disabilities Project. This plan should be implemented by July 1, 1976, and include the following:

1. Up-dated projections for each remaining quarter of the biennium of the number of persons who are expected to be placed in the type of residential facility to be developed. In making such projections, both SRS data regarding the number of placement opportunities being developed and BRSH data regarding the type of clients who are or will be ready for community placement should be utilized.

2. All of the basic steps that must be taken before each type of placement can be made. This information should be used to create an information system that can be used to monitor the on-going progress of the placement process on a monthly basis.

3. A systematic method for developing foster homes and other kinds of placement opportunities.

It is essential that all persons involved in placement functions have all of the necessary professional competencies that are necessary to the successful placement of developmentally disabled persons. These competencies must include, in addition to the ability to perform traditional social work duties, a thorough professional knowledge of the field of developmental disabilities.

Comment: The recommendation to move the placement function to the Developmental Disabilities Project is made for two primary reasons: 1) as many functions as possible need to be consolidated into the same organizational unit in order to eliminate the excessive fragmentation which is currently present in the program; and 2) in order to meet the goals of deinstitutionalization the placement function needs to be both strengthened and its pace accelerated. As it stands now, the deinstitutionalization process is excessively fragmented because so many different agencies have responsibility for conducting various aspects of the program. The following departments and bureaus all have some responsibility for the administration of the program:

1) Department of Institutions (BRSH):	a) Preparation of DD persons for community placement
2) Department of SRS:	
DD Bureau:	a) Development of most community-based resources
Social Services Bureau:	a) Placement of DD persons
	b) Development of some community based resources
	c) Facility licensing
	d) Community Maintenance of DD persons
3) Department of Health and Environmental Sciences:	a) Facility licensing

While it is necessary that all three of the above Departments be involved in the Administration of the program, it is not essential that the SRS functions be split into two different Bureaus. Indeed, it is important that all of the SRS functions be properly integrated in order to facilitate the necessary coordination of the various functions involved.

The excessive fragmentation of the program makes it difficult to determine how the program is functioning. Who is doing what, and who is responsible for what, and who has authority to do what, is not easy to figure out and as a result the program has no accountability either within State government or within the wider Montana community. The following comment made by one of the regional Council chairpersons sums up the local feeling that is prevalent through much of the state.

> We are disturbed about the many persons or agencies involved—it is a buck passing thing. Because there are so many agencies involved, the persons involved including vendors don't know what they can or can't do. The bureaucracy and red tape is strangling. People at the grass roots level are willing to give their time and effort to something very important but feel strangled by the red tape and bureaucracy. It is a very frustrating effort.

Consolidation of as many functions as possible into as few organizational entities as possible would eliminate much of this fragmentation.

Just as critical as the fragmentation issue is the need to accelerate the placement process while at the same time ensuring that appropriate placements that will last are made. If the objective of placing 156 persons during the remainder of the biennium is to be achieved, the rate of placement must be substantially increased. It is imperative that the

placement function proceed at the same rate as the development of placement opportunities.

Recommendation 3:

An agreement should be developed and signed by the Department of Institutions and the Department of Social and Rehabilitative Services that defines the specific responsibilities of both agencies. The contract should include the following:

a) It will be the responsibility of the Department of Institutions to identify and prepare developmentally disabled persons for community placement. Any referral made by the BRSH will constitute acknowledgment that the person is in fact ready for community entry. given circumstances

b) It will be the responsibility of the Department of Social and Rehabilitation Services to place those developmentally disabled persons who have been referred by the BRSH for community placement. If any disagreements arise between the BRSH staff and the SRS staff, the disputed referral will be presented to the Case Management Review Committee for arbitration and both agencies will be bound by the committee's decision.

c)

~~**c) The contract should stipulate what levels of performance can be expected to be achieved by developmentally disabled persons as a result of community placement.**~~

Comment: This requirement would give BRSH some input regarding the type of community-based services that are developed by the Developmental Disabilities Project. This is an essential concept if the BRSH is to fulfill its legal obligation regarding the development of individualized post-institutionalization plans for the developmentally disabled. It is necessary to make specific delineations of responsibility between the Department of Social and Rehabilitative Services and the Boulder River School and Hospital in order to reduce existing friction between the two agencies that is a result of uncertainty regarding what is expected of both agencies. For example, final determination has never been made regarding who has the responsibility for identifying specific BRSH residents who are ready for community placement, and who is to have the final say on specific placement once referrals have been made. This unclear delineation of responsibility between the two agencies has resulted in inevitable friction that is not conducive to the sort of positive interaction that is essential if deinstitutionalization is to proceed successfully. In fact, a group home in one community is in financial jeopardy because disagreement regarding specific responsibility has seriously slowed the placement process.

The responsibility for identification and preparation of institutionalized residents for community placement must remain with the BRSH. SB 388 ("An Act to Provide for the Identification, Habilitation and Human Rights for the Developmentally Disabled"), enacted by the 44th Legislature, indicated that preparation for community entry is the responsibility of the "professional person" in charge of the BRSH resident.

The placement function, that of determining the specific living arrangements and community services that are necessary for each person referred by the BRSH, must be the primary prerogative of SRS if the placement function is to run smoothly. However, it should be recognized that the habilitation plan and the referral document contain recommendations regarding the type of residential facility required for the individual and the kinds of treatment and/or programs that must be available for the individual in the community if the goals of habilitation are to be met. SRS, then, should adhere to the general recommendations of the BRSH staff regarding placements as much as possible, in light of the SB 388 requirement. Obviously, if the BRSH has no say regarding placement decisions then they

have no control over post-institutionalization plans, for which they are legally responsible. to develo

Disagreements are bound to occur over specific placements and the Case Management Review Committee is an appropriate vehicle for settling such disputes. Such an arrangement has recently been established on an informal basis and has been used in a seemingly satisfactory manner to settle one disagreement between the staff of the BRSH and the placement staff of SRS.

Recommendation 4:

It should be made clear that the Department of Institutions is responsible for the medical and dental health of all developmentally disabled persons who are institutionalized.

difficult

Comment: An evaluation of the developmentally disabled persons residing at Galen State Hospital has revealed substantial medical and dental malaise that makes it ~~impossible~~ to place these persons into the community. Such problems should be located and corrected prior to placement.

incorporate

Recommendation 5:

The Department of Institutions should provide the DD Project with quarterly projections of the number of institutionalized residents who will be ready for community placement (by type of living arrangement required) for each quarter remaining in the biennium. These projections should be updated each quarter.

Comment: The provision of this kind of information to the DD Project is essential to the overall planning process for deinstitutionalization. If the DD Project is to have the responsibility for developing all of the community-based living resources for the developmentally disabled as well as the responsibility for placing persons into those resources, it is imperative that they be aware of the kinds of developmentally disabled persons who are in fact institutional residents and what kind of residential arrangements will be required for these persons who are being prepared for community entry. ~~The DD Project has not had this kind of information on the institutionalized population in the past.~~

Recommendation 6:

A plan should be developed by the Developmental Disabilities Project that will ensure proper community maintenance of developmentally disabled persons. The plan should be implemented by July 1, 1976, and should include the following:

1) An identification of all elements that are essential parts of a community based service system if that system is to successfully maintain developmentally disabled persons within the community.

2) A delineation of all case management tasks that need to be performed for the developmentally disabled. DD case management by state level DD specialists rather than county social workers should be included as an alternative.

3) An identification of any training needed in the area of developmental disabilities for the following groups of persons:

a. Group Home Operators
b. Foster Home Parents
c. Natural Parents
d. Day Program Providers
e. DD Bureau Staff
f. County Social Workers
g. Any other persons in close contact with developmentally disabled persons.

If training is needed by any of the above groups in order to facilitate the maintenance of developmentally disabled persons in the community, the DD Project should procure the necessary training programs and implement a training schedule no later than July 1, 1976.

Once the plan and program for community maintenance has been established, an information system to monitor the progress of developmentally disabled persons who have entered community living situations should be established.

Comments: Proper community maintenance of the developmentally disabled person is crucial to the success of the deinstitutionalization program. Deinstitutionalization involves more than removing a developmentally disabled person from an institution and placing him in a community program. The development of proper support systems and the coordination of all those services that are needed by the developmentally disabled person is essential if placement maintenance is to occur and if the return of the developmentally disabled person to the institution is to be prevented. Despite the importance of placement maintenance to the deinstitutionalization process, very little attention has been given to this problem to date.

Training programs for those persons who are in close contact with developmentally disabled persons are much needed. The county social worker is a key element in the success of the maintenance of the developmentally disabled person in the community because the county social worker provides all case management services as well as the coordination of all community services needed by each individual developmentally disabled person. But despite the importance of the social workers' role, these persons are poorly trained in the field of developmental disabilities.

The DD Bureau is in the process of implementing a training program for group home operators and day program providers but there are no plans to give training to the county social workers. Even though the county social workers are not under the authority of the Developmental Disabilities Project, it is important that all training programs that are geared toward proper community maintenance of developmentally disabled persons emanate from the same agency for the purposes of continuity of the deinstitutionalization process. The county social worker should be a primary recipient of such training services.

Recommendation 7:

The DD Project should implement changes designed to improve internal management capability. This is absolutely necessary to ensure the overall success of the deinstitutionalization process. These changes should deal with the following matters:

1) Operations Review: A system for operations review of the Developmental Disabilities program should be implemented by July 1, 1976. The system should be developed by the Developmental Disabilities Project with the assistance of the Office of Budget and Program Planning and should focus on fiscal and performance activity of contract agencies as well as providing management support to those agencies.

2) Fiscal Management: A financial information system should be developed that will indicate the monthly status of program expenditures versus monthly allotments of funds.

3) Planning Capability: A systematic method of planning to be used by DD Project staff and the regional councils alike should be developed and include:

a. A method (to be used) to identify what community resources are available in each region;

b. A method (to be used) for identifying what community resources are needed in the region but are not available;

c. A method (to be used) to establish priorities for all unmet needs in the region.

4) A resource guide to community-based services should be developed that will describe all of the activities (or steps) that are necessary in order to develop community-based resources (once the need for specific resources has been identified). This handbook should also include appropriate federal and state regulations regarding the development of community-based resources. The handbook should be distributed to appropriate DD Project regional staff persons who are responsible for developing community based resources for the developmentally disabled.

Comment: The deinstitutionalization program is funded for an estimated $10.5 million, for the 1975-79 biennium. The program not only involves several millions of dollars but many different state agencies and local organizations and it is no simple task to coordinate the many variables that are involved in the overall process in a manner that will ensure success. But certain management methods need to be instigated to ensure that the program will succeed. Of particular and immediate importance are fiscal management, operations review, and planning.

1. Fiscal Management: It is essential that the DD Project staff members have the complete capability of knowing where the program stands financially on a monthly basis so that funds are not expended at a rate that will too rapidly deplete resources, thereby placing the many community programs now established in real financial jeopardy. Currently, the DD Bureau has neither such knowledge nor capability. In addition, the regional staff persons who are responsible for the development of regional councils and community based resources, need to be aware of the amount of the funds available to them on a regular basis for the development of such resources. It is not possible to determine the needs of the community, establish priorities for those needs, and then begin to plan for the development of prioritized needs when inadequate knowledge exists concerning the periodic financial status of a program.

2. Planning Capability: The regional councils are charged (Sec. 71-2407, RCM, 1947) with the responsibility of "making an annual overview and evaluation of needs and services within the region . . . and developing a plan for a system of community-based services for the developmentally disabled within the region." DD Bureau regional specialists are assigned to the regional councils to provide technical assistance to this endeavor. However, there are no effective planning procedures utilized in the development of community-based resources

throughout the state. There is, in fact, little planning capability available to either the DD Bureau staff or the regional councils. This is a situation which requires immediate correction.

3. Operations Review: In any program, there exists the need for systematic review and evaluation on a periodic basis. The most elementary approach to fulfilling this need can be termed Operations Review (OR). The OR approach is concerned with determining whether a program is employing acceptable fiscal management and accounting practices, whether it is complying with predetermined performance requirements, and how it matches up with standards developed in other jurisdictions and programs. OR should be viewed as an integral part of any effective program. Since the DD Project has both substantial regional operations and a growing number of contracts with private non-profit corporations, an effective Operations Review capability is of critical importance. The DD Project should have an OR team, therefore, to carry out periodic fiscal and performance auditing of its various projects, as well as rendering regular assistance to such projects in correcting any deficiencies.

Recommendation 8:

Referrals for community placement of all institutionalized developmentally disabled citizens should be made by Boulder River School and Hospital.

Comments: There are currently 75 developmentally disabled individuals at Galen and approximately 125 or 40 at Warm Springs State Hospital, depending on the standard used (commonly accepted standards would indicate the figure of 40 to be more accurate). To insure an orderly and coordinated deinstitutionalization process for DD individuals and to provide for fiscal accountability, it is absolutely necessary that BRSH be the central referral agency. Only BRSH has the necessary expertise to evaluate ~~and prepare~~ a developmentally disabled individual for community placement. It should therefore serve as the placement clearinghouse for all DD residents of Boulder, Galen and Warm Springs.

This policy affirms the responsibility and authority of the DD Project to provide community-based services for all institutionalized developmentally disabled citizens. Critical to this is the recognition of the American Association of Mental Deficiency classification system. Clinical questions relating to individuals with mixed diagnosis or history should be resolved by the Care Management Review Committee with reference to community resources as well as the diagnostic statements.